Idaho Ryan White Medical Case Management Summary

Patient Name:													
Date of Assessment:			DOB:										
FINANCIAL AND RESOURCE ASSESSMENT													
Income: \$ Negative (< Expenses) or Positive (> Expenses)													
Medical Care Access:	Insure	Insured		□YES	Medicare		□NO	□YES	Part B	□NO	□YES		
	Medicaid		□NO	□YES	HOPWA		□NO	□YES	Part B ADAP	□NO	□YES		
	Medicare Part D		□NO	□YES	Medical Car	re .	□NO	□YES	Medication Cap	□NO	□YES		
SUBSTANCE ABUSE, MENTAL HEALTH, HOUSING, DOMESTIC VIOLENCE ASSESSMENT													
SAMISS:		Considered positive for substance abuse symptoms? □NO □YES											
		Patient considered positive for substance abuse symptoms if any of the following are met:											
		a) The sum of responses for Questions 1-3 is ≥ 5											
		b) The sum of responses for Questions 4-5 is ≥ 3c) The sum of responses for Questions 6-7 is ≥ 1											
				<u> </u>					O -VEC				
			•		nptoms of m			□N					
		positive _.	for sympt		iliness	s if ne/sn	e respond	ded yes to any menta	i neaith	question.			
Housing:		Score:			Level:								
		_		es checke									
		 b. Moderate = 3 - 7 Boxes checked "YES" c. Mild = 1 - 2 Boxes checked "YES" 											
Domestic Violence:		Potential abuse? NO YES											
2 0 111 0 0 11 0 11 0 11 0 11		A score of greater than 10 is considered positive											
		, ,			,								
VACCINATION	NS												
Needs:													
TRANSPORTATION													
Needs:													
NUTRITION and BASIC NEEDS													
Needs:													

ADHERENCE								
Realm-R (medical literacy) Score:			Low (≤ 6 correct) or High (> 6 Correct)					
Medication Knowledge Survey:	Low	or	High (potential modifier to REALM-R)					
Motivation Assessment: Readiness Ruler								
FSSQ (social support) Average Score: _			(mean = 3.0) (potential modifier to Readiness Ruler)					
Client Signature:			Staff Signature:					
Follow-Up Date:								